

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-49572289
Administrative Data	Address: <b>Wisconsin</b>		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: <b>New</b>	Location and date of incident <b>Wisconsin</b> <b>08/25/2017</b>	Date registrant became aware of incident: <b>9/1/2017</b>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <b>239-2657</b>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <b>Glyphosate, Imazapyr</b>	A.I. (s)	A.I. (s)	
	Product 1 Name <b>GroundClear Complete Vegetation Killer (Conc)</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Own Residence</b>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing, formulating)  <b>See Description Notes</b>	
Incident Circumstances	Applicator certified PCO? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>			

\*Personal privacy information\*

*9/1/2017 10:34:53 AM Ortho Groundclear Vegetation Killer Conc.  
EPA 239-2657*

*Hx: Caller was placing the product into a sprayer about 1 week ago and the product sprayed up and she inhaled some of it. Since that time, she has had regular headaches and some throat irritation and chest heaviness.*

*A: - Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*

*- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.*

*- The duration of symptoms described is not expected. it is possible that the exposure was coincidental to something else you have going on.*

*- Rec. seeking medical attention at this time.*

*- Please call back with any additional questions or concerns.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects.  <i>Throat Irritation, 24 hrs or less;</i> <i>Headache, 24 hrs or less;</i> <i>Other Respiratory - heaviness in the chest, 24 hrs or less;</i>	If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>	
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #

*1-4957228-1*